## **CHANGE OF SURETY RECOVERY AGENT STATUS**

P.O. BOX 690 OR P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MISSOURI 65102 TELEPHONE: (573) 751-3518

THIS FORM MAY BE DUPLICATED

	INCTRUCTIONS							
ENCLOSE A \$10.00 FEE IF YOU WANT A LICENSE SHOWING THE CHANGES INDICATED BELOW. PERSONAL CHECKS NOT ACCEPTED. CHECK BOX IF YOU ARE ENCLOSING THE \$10 FEE.  SOCIAL SECURITY/LICENSE NUMBER  LEGAL LAST NAME  FIRST NAME  MIDDLE NAME  CHANGE OF ADDRESS (Notification required within 30 days of change)  NEW RESIDENCE ADDRESS (Required)  STREET ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE)  CITY  STATE  NEW MAILING ADDRESS (Optional)  STREET ADDRESS/P.O. BOX  CITY  STATE  ZIP  HOME PHONE NUMBER  NEW BUSINESS ADDRESS (Required)  STREET ADDRESS (Required)  STREET ADDRESS (Required)  CITY  STATE  ZIP  BUSINESS PHONE NUMBER  CHANGE OF NAME (Please Attach Documentation)		LINIIZ						
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SIGNATURE OF SURETY RECOVERY AGENT (REQUIRED FOR ALL ABOVE CHANGES)	DATE